

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09785374

FILING DATE

02/16/01

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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40	1					
41		1				
42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	8					
TOTAL DEP.		44				
TOTAL CLAIMS	52					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						